

Importance of CHW Input Incorporation in Evaluation Methods

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INTRODUCTION

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FINANCIAL DISCLOSURES

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BACKGROUND: Advancing Health Literacy (AHL) Project

A CHW-led intervention targeted at improving structural and healthcare barriers within rural West Fresno

Mission of AHL:

- increase in health literacy among residents to:
 - help address vaccine hesitancy
 - stop the spread of COVID-19
- Work to eliminate health disparities within Fresno by increasing awareness on COVID-19 transmission, testing, and vaccines

BACKGROUND: Targeted Areas

- Top agricultural-producing county in the United States
- The **highest concentrated poverty rate** in California (1)
- Some of the targeted zip codes in this project (93210, 93640, 93657, 93606) **have barriers that exceed the 90th percentile when compared to the rest of the nation** for the following burdens (2):
 - Housing Burden
 - DOT Transportation Barriers
 - Linguistic Isolation

Source:

- (1) Fresno Economic Opportunities Commissions. (2022, November 13). Strategic Planning- Poverty in Fresno County. Fresno EOC. <https://fresnoeoc.org/strategic-planning-poverty-in-fresno-county/>
- (2) *Climate and Economic Justice Screening Tool*, Data 2023, <https://screeningtool.geoplatform.gov/en/#16.67/36.729446/-119.708855>

BACKGROUND: AHL Project

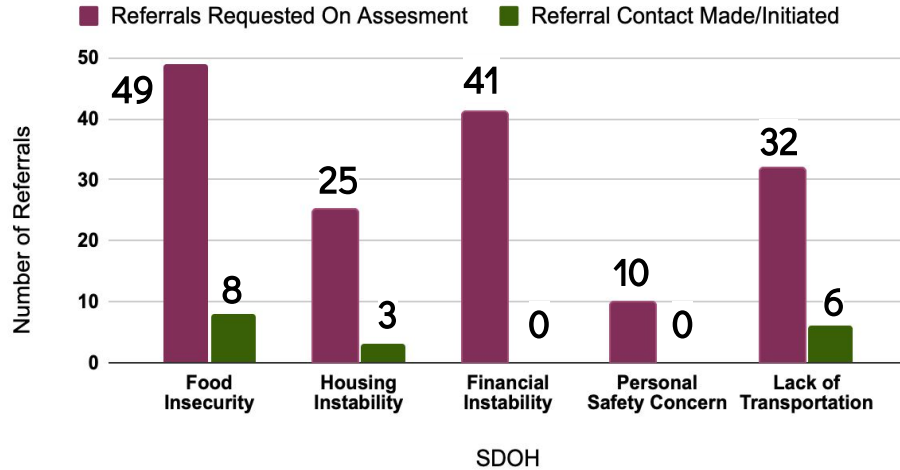
Role of CHW's:

1. Conduct outreach to connect with participants who experience one or more barriers to health literacy (SDOH)
2. Administer Baseline Needs Assessment, give health education materials, and provide referral
3. Deliver Follow Up assessments to see referral success

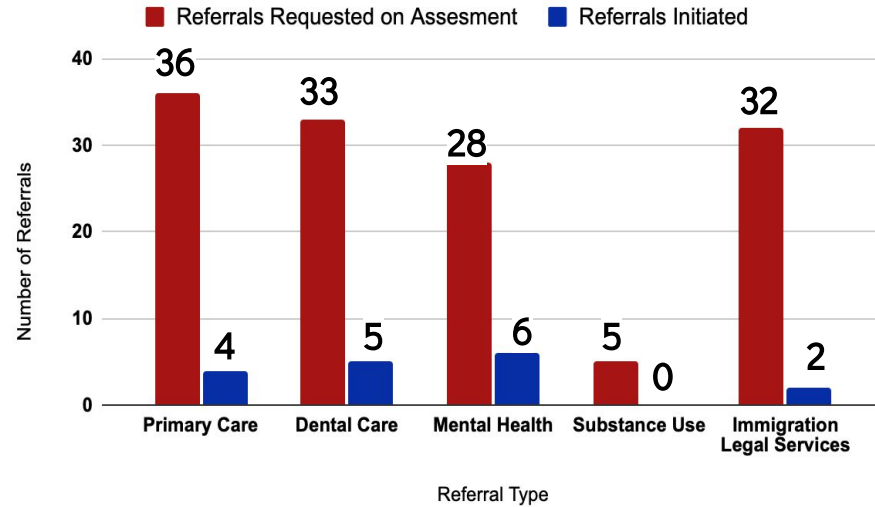


What We Saw: Low Referral Rates

Positive Screening: Referrals Requested vs Contact Made/Initiated



Referral Type: Referrals Requested vs Initiated



METHODS: What We Did

CHW Phone Interviews

- Conducted 8, one-on-one anonymous phone interviews (30-60 min each) with project CHW's
- Questions centered the CHW's :
 - field experience
 - identifying systemic and organizational barriers

Data Analysis

- CHW Interview content was analysed using grounded theory to establish themes

Disseminate Findings & Next Steps

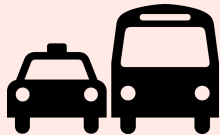
- Findings were discussed with partners and CHWs
- Yielded next steps and support building during grant period



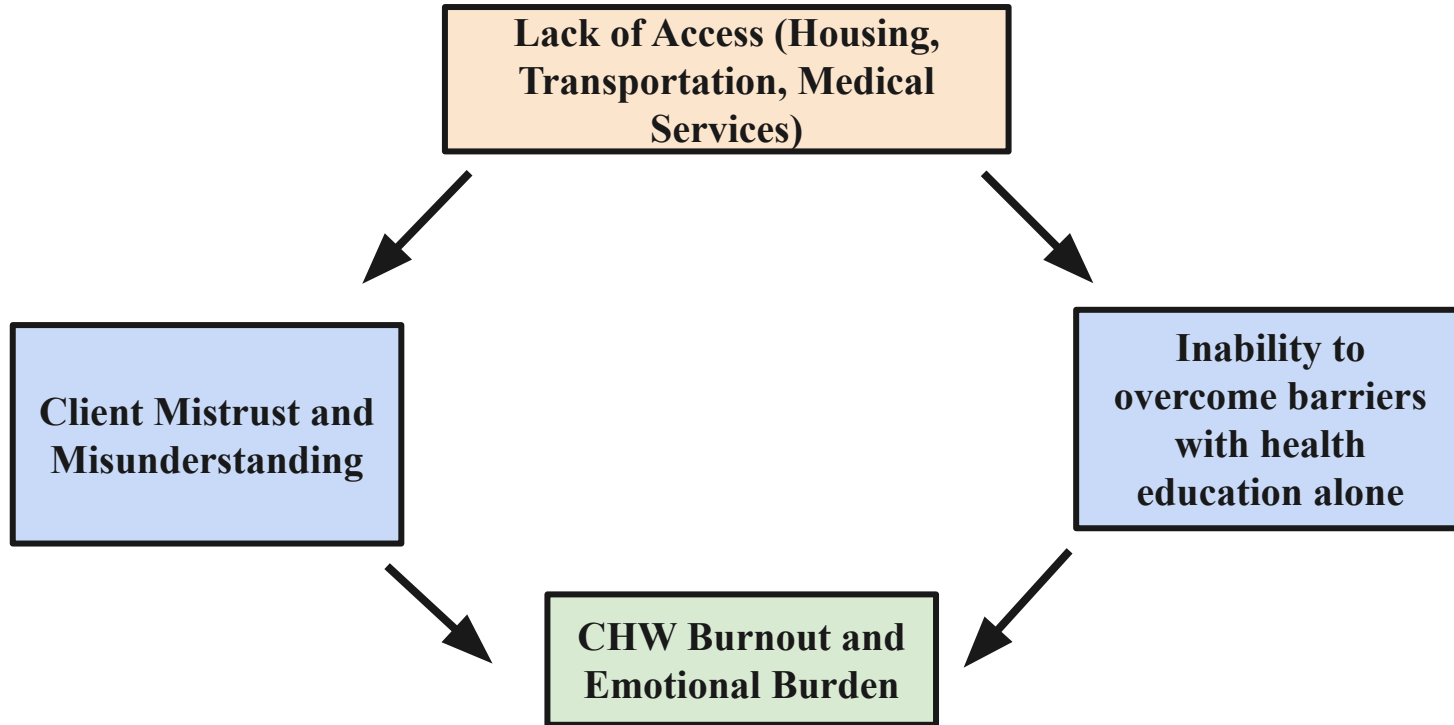
CHW INTERVIEW FINDINGS

Lack of Essential Services

Transportation	Housing	Medical & Dental services
<ul style="list-style-type: none">• Clients are unable to access referrals because of limited transportation or do not have access to transportation at all• Financial constraints: clients can only afford enough gas to go home, work, or school	<ul style="list-style-type: none">• Clients needing housing do not have an address to send resources to• Few affordable housing options and long waitlists (months to years)	<ul style="list-style-type: none">• Lack of transportation and no local medical offices prevented many from seeking care• Medi-cal and other insurance does not cover all expenses, so patients are unable to get care



Cascade of Unmet Needs



"Nothing Ever Changes"

"I'm Already on the Waitlist"

Hit a Wall When Doing Referrals

Given Wrong Addresses, Wrong Phone Numbers
Long-lasting Change is Hard Due To Turnover

"I Only Have Enough Gas for School and Work"
It's Difficult to Sustain Impact Due to Grant Changes

Clients Feel Hopeless

We Are Stretched Thin

We Use The Services We Do Have to Offset other needs

"I Don't Need Housing Assistance, I Don't Have a Home"

"I'm Too Busy to Seek Services"

"There's Not A Lot Out Here, It's All Far Away"

Not Many Reliable Transportation Options

Services Don't Always Meet Client Needs

Change Here Is Slow and Gradual

It's Hard to Locate Clients Again

"I'm Not Crazy"

**They Need Services Now But Can't Get Them
We Can't Support Them As Well As We Want**

CHW Burden and Burnout

Organizational barriers/grantwork

- Phrasing of assessment questions affected CHW ability to connect and build relationships with community members
- Length of the Assessment also affected rapport building
- Different levels of experience and training
- Involvement in several projects was hard to juggle
- Short grant periods

NEXT STEPS

Step 1: Info Dissemination and Discussions

- Presented findings to partners
- Discussed next steps with the AHL Project

Step 2: Incorporation of CHW Feedback

- CHW trainings in requested areas
- CVHPI administered surveys to CHW's to gather continuous feedback as the project progressed

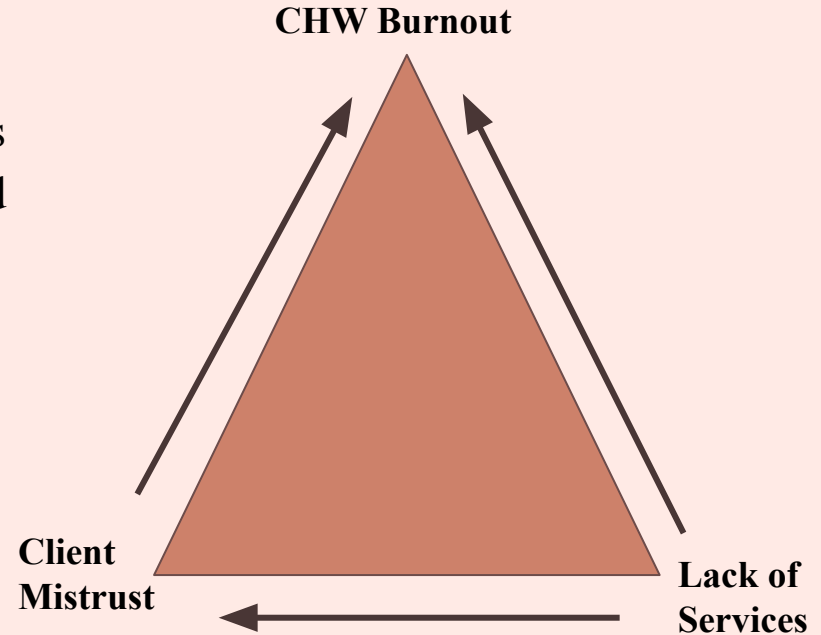
IMPORTANCE

Fresno specific:

- Highlighted systemic challenges and barriers from perspective of West Fresno citizens and CHW's

Across Grantwork:

- CHW input highlighted the systemic and organizational barriers
- The value CHW feedback brings to community based interventions



Recommendations

- **Incorporating CHW input when writing health assessments, community intervention goals, etc**
- Recognizing CHW's as an essential part of the healthcare team
 - Pushing for CHW reimbursement from insurance and other “hard money” means
- Developing trainings that equip CHW's with transferable skills in all grant work
- Advocating for grant funding for CHW-led interventions
- Continuing the discussion surrounding the value CHW work and perspectives bring to addressing disparity

Thank You!

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